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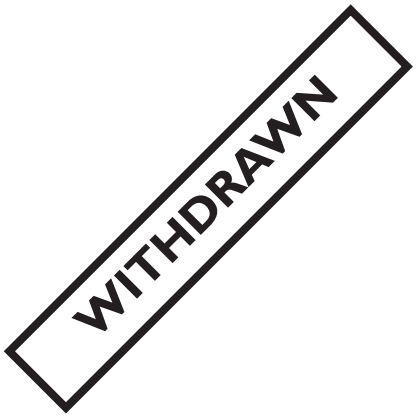

PCV88

QUALITY OF LIFE AS A PREDICTOR OF TREATMENT COMPLIANCE DURING ROUTINE HYPERTENSION MANAGEMENT: RESULTS OF PROSPECTIVE EVALUATION

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OBJECTIVES: The aim of the study was to evaluate predictors of self-reported adherence to antihypertensive drug therapy and its relation to quality of life (QL) level in routine practice. **METHODS:** In 238 hypertensives (116 males; age 49 (43–57) years (median, quartile range)) we performed standardized interview and QL assessment with validated questionnaires. Total Well-Being Index (TWBI)(greater value indicates better QL) and Total Complaints Intensity (TCI)(greater value indicates worse QL) were calculated in groups of patients: A) treated on regular basis (62 patients); B) those taking drugs irregularly (116); and C) ones with known but untreated hypertension (60). The same information was obtained for 53 metropolitan residents after 5 year follow-up. **RESULTS:** In untreated patients values on 3 positive subscales and TWBI were the highest (TWBI 88 (75–99.5) vs. 80 (69–88) in group A, 80 (71–91.5) in group B; $p = 0.032$), while TCI was the lowest (20.5 (10.5–34) vs. 33.5 (18–48) in group A, 29 (16–38) in group B; $p = 0.003$). Other compliance predictors were age (42.5 (29.5–50) in untreated vs. 52 (46–59) in group A, 50 (44–57) in group B; $p < 0.0001$) and gender (42% of men vs. 9% of women in group C; $p < 0.0001$). At follow-up TCI was the lowest among persons twice reported absence of treatment (15(9–29) vs. 37.5(26.5–48.5) for treated at both points; $p = 0.007$). There were no dynamic of TWBI and TCI, except tendency for decrease in TCI in untreated patients (15 (9–29) vs. 21.5 (14.5–35.5); $p = 0.089$) **CONCLUSION:** Preserved QL seems to be related to low compliance with drug therapy. QL might be promising factor for risk stratification and interventions planning in hypertensive patients.

PCV89

THE IMPACT OF COMMUNITY HEALTH WORKER INTERVENTION ON DISEASE MANAGEMENT AND QUALITY OF LIFE OF HIGH RISK POPULATION WITH CHRONIC DISEASE: EXPERIENCE IN BALTIMORE, MD, USA

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OBJECTIVES: To assess the effectiveness of ENABLE-MD, a Community Health Worker educational intervention to improve control of chronic diseases and quality of life. **METHODS:** Patients were initially recruited from the University of Maryland Medical System (UMMS) (hospital) discharge rolls and followed. Trained community health workers (CHWs) to intervene with Medicaid high-risk patients with chronic disease (e.g., diabetes and/or hypertension) in urban areas of west Baltimore city. Baseline clinic information and self-reported quality of life data were collected by the CHWs. The Medical Outcome Survey Short Form 36 (MOS SF-36) was used to measure the health-related quality of life of patients. From all ENABLE participants during 1999–2002, we reviewed the records of a convenient sample of 240 patients for a preliminary analysis. **RESULTS:** These 240 participants in the initial ENABLE-MD program and were followed by 6 months. Descriptive analysis indicated that male patients, patients with higher education, patients with longer duration of diabetes and higher BMI in the program tend to have more intensive CHW interventions. Seventy-eight patients completed MOS SF-36 survey before and after 6 month of CHW intervention. Initial analysis showed after six-month of intervention there were increases of the six out of seven dimensions of MOS SF-36 surveys except physical functions and general health. A total of 34 patients provided valid self-report blood glucose. Their serum glucose level decreased in the regular intervention group and intensive intervention group but increased in the comparison group. **CONCLUSION:** Experience with a group of high risk population in Baltimore demonstrated preliminary evidence that culturally sensitive community-based intervention can improve the chronic disease control and quality of life of minority population with limited resources.

PCV90

INTEGRATION OF PATIENT-RATED OUTCOMES INTO CLINICAL ROUTINE IN INPATIENT AND OUTPATIENT CARDIAC REHABILITATION PROGRAMMES

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OBJECTIVES: One objective of exercise based cardiac rehabilitation (ExCR) is improvement in patient reported outcomes

(PRO). There is no standardised way how to best integrate PRO measures into routine clinical practice. The aim of this study was to test an electronic approach utilizing touch-screens to implement PRO assessments into routine clinical practice. **METHODS:** Cardiac patients attending an inpatient (study 1) or outpatient (study 2) ExCR programme completed a PRO assessment at the beginning and end of the ExCR programme. The assessment was performed with a touch-screen computer including the EQ-5D, Short-form 36 and the MacNew Heart Disease QoL Questionnaire (MacNew). Outcome criteria were the feasibility of the system, user satisfaction and the psychometric properties of the newly presented format. **RESULTS:** In total 296 patients with coronary artery disease (study 1: 165 patients, 67% male, age: 64 years; study 2: 131 patients, 76% male, age: 54.1 years) were included. Psychometric properties (study 2) were confirmed for the MacNew (3-factor-structure 67.4% explained variance, cronbach's alpha: 0.88–0.93) and acceptable for the SF-36 (7-factorstructure, 73.7% explained variance, cronbach's alpha: 0.65–0.81). The outcome assessment (study 1) showed that 74% of the patients report a substantial overall HRQL improvement. The instructions of the touch-screen system were considered clear (93%), time consumption was short (88%), system was easy to use (84%) and the graphical interface was intuitive (93%). Overall 86% of the patients rated the electronic approach as positive or very positive. There were age differences for the evaluation of the assessment. Patients 70 years and older considered the mode of assessment as less clear, less intuitive and not so easy to use (51%, 59%, 56%, all $p < 0.01$). **CONCLUSION:** The integration of PRO measures into clinical routine can be implemented via touch-screen computers for the majority of patients. For elderly patients different administration modes should be considered.

PCV91

HEALTH OUTCOMES IN PATIENTS WITH HYPERTENSION: WHAT HAVE WE IMPROVED IN TEN YEARS?

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OBJECTIVES: Compare health outcomes and health resources utilization in patients with hypertension attended in primary care after 10 years of current clinical follow-up. **METHODS:** Cross-sectional study. Setting: 9 urban health centres sampled in 1996 and 2006. Subjects: 1996: 1144 patients with hypertension; 2006: 1110 patients with hypertension. **RESULTS:** From 1996 to 2006, here are the RESULTS: sociodemographic variables: 622%/59.4% females, Age: 64.5 years (IC 95% 63.95–65.15); 64,6 years (CI 95% 63.78–65.45); Low cultural level 48%/32.9%; Retired people 49%/41.3%; Housewives 28.8%/34%: Living in couple 69.3%/76.1%. Health outcomes: Systolic Blood Pressure Controlled (SBP < 140 mmHg) 40%/35.8% patients; Dyastolic Blood Pressure Controlled (DBP < 90 mmHg).68.6%/76.9% patients. SBP and DBP controlled 36%/32.1% patients. Body Mass Index (BDI) 31.0 + 5.10 kg/m2/31.13 kg/m2 IC95%[30.64–31.62]. Total Cholesterol 212.44 mg/dl IC95%[208.28–216.60] HDL- Cholesterol 53.35 mg/dl IC95%[51.52–55.18]. Calidad de vida: Nottingham Health Profile(0–100): 23.09 + 22.3 points/31.35 points IC95%[27.8–34.34]. Health resources utilization: Clinical appointments in one year: 4.5 + 3.6/13.12(IC95% 12,51–14,31). Annual analysis: 61.8%/59.9%, Annual electrocardiogram 42.2%/30.2%, Annual Chest radiography 3%/4.1%. Annual referrals: cardiologist: 5%/12.1%; ophthalmologist 20.0%/12.8%; nephrologist 3%/2.9%; hospital emergencies 8.1%/1.3%. **CONCLUSION:** Comparable samples. Unexpected results in blood pressure control: better in dyastolic but worse in systolic and global blood pressure. Persistent obesity. Quality of life worsening. Disagreement between worse health outcomes and larger health resources utilization.

PCV92

ATTITUDES AND BELIEFS OF PATIENTS WITH HIGH CARDIOVASCULAR RISK, ABOUT HYPERCHOLESTEROLEMIA AND ITS TREATMENT IN SPAIN. THE PRACTICE STUDY

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OBJECTIVES: To assess the attitudes and beliefs, of hypercholesterolemic patients with high cardiovascular risk, about hypercholesterolemia and its treatment in Spain. **METHODS:** An observational, cross-sectional study was performed. Patients with hypercholesterolemia, more than 18 years, treated with statins for at least the last six months and with high cardiovascular risk (CHD/CHD-equivalent, or having 2+ cardiovascular risk factors, as defined by NCEPIII) were recruited. Sociodemographic and clinical variables were collected, as well as data regarding the attitudes and beliefs about hypercholesterolemia and its treatment (through 7-items Likert scales and dichotomic true/false variables). **RESULTS:** In total, 711 patients were included, mean age 63 (SD 10) years, 65% males. Eighty-one percent of patients were CHD/CHD equivalent. Ninety-one percent of patients recognised that their health depends on their own actions. They believe that their physician explains things clearly to them (92%) and it is easy to follow their advice (91%). However, patients declared they disagree to have been informed about their cholesterol target level and the benefits of reaching it (17%), the risks of high cholesterol (12%), and the possible adverse effects of lipid-lowering therapies (41%). Despite that, 75.5% of patients declared to take their medication daily and 87% agreed that myocardial infarction risk increases if they do not take it, 49% believe nothing happens if they sporadically forget taking a dose, being "just forgetting" the most frequently reported reason for lack of compliance (34.2%). Although 96% of patients agree that reducing cholesterol they reduce their cardiovascular risk, 17% believe hypercholesterolemia is not a disease since they feel good. **CONCLUSION:** Although patients recognise the importance of hypercholesterolemia, the lack of symptomatology reduces the perception of disease and increases the lack of compliance due to forgetness. More information and persuasion on the consequences of high cholesterol are needed to make patients aware of the implied risk.

PCV93

THE EFFECT OF EACH STAGE IN THE TRANSLATION METHODOLOGY FOR PRO MEASURES

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OBJECTIVES: The objective of the study is to assess the effect of each stage in the accepted translation methodology for PRO measures (Wild et al. 2005): 2 forward translations and their reconciliation, 2 back translations, back translation review, developer review, harmonisation meeting, linguistic validation interviews and 2 proof readings. **METHODS:** The questionnaire chosen for this study was the Anti-Clot Treatment Scale (ACTS) which had been translated into Canadian French, French and